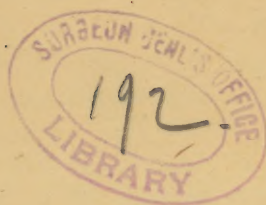


MASON (L.D.)

Report of Cases of extensive  
fracture of nasal bones & & & & &





REPORT OF CASES OF EXTENSIVE FRACTURE  
OF NASAL BONES TREATED BY  
A NEW METHOD. ✓

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CASE I.

John Grady, aet. 14, U. S., school-boy. On April 5, 1880, fell from a wagon, striking upon his forehead and face, sustaining in addition to contused and lacerated wounds of forehead and upper lip, a compound and comminuted fracture of nasal bones, with fracture of nasal processes of sup. maxillae. He entered the Long Island College Hospital for treatment the following day, April 6th, and was seen by Prof. WIGHT, then on duty, who requested Dr. MASON to take charge of the case and perform his special operation for fractures of this class.

The patient was etherized, in the presence of the medical class and the resident staff of the hospital. A careful inspection of the fractured bones was made. The nasal processes of both superior maxillae were involved. The line of fracture of left was near the base of the process, on the right side near its middle. The bridge was very much depressed and flattened. The right nasal bone was lateralized to the right, and made a small puncture through the skin on that side. There was considerable œdema of eyelids, and the face was somewhat puffy. Viewed from either side the deformity was very great, the end of the nose seeming to be at right angles to the depressed bridge.

After elevating the depressed fragments, and overcoming the deformity as much as possible, in the usual manner, Dr. MASON passed an ordinary surgical needle (ground to a drill point) through the line of fracture on either side, thus supporting the nasal arch.

To complete the dressing and give it further stability, a piece of thin rubber about half an inch wide was slipped over the head and point of the needle, and rendered moderately tense, so as to exert a gentle compression. Small pieces of



cork were placed on the head and point of needle to protect the face.

The patient was placed in bed, head slightly elevated, and evaporating lotions of an agreeable temperature applied to face and nose over the dressing.

With the exception of some suppuration from the wound upon the forehead, oedema of face, and a smart secondary hemorrhage from coronary artery of upper lip, the case progressed favorably until the eleventh day, on which date the needle was easily removed without an anaesthetic, and without pain to the patient. At this date there is a slight ulceration at seat of needle punctures, but of so slight a character that the cicatrix, if any, will be scarcely noticeable.

The contour of the nose is excellent over site of needle, a slight periosteal thickening renders the bridge of nose a line or so too prominent, but this is observed only on close inspection, and will undoubtedly in due time be absorbed.

At no time subsequent to the operation was there any pain or uncomfortable sensation at the seat of the needle. Nor did its removal cause any suffering. The result may be said to be perfect.

The boy remains in the ward for future observation, and has recovered entirely from his severe fall.

#### CASE II.

C. B., U. S., aet. 27, truckman, was brought to the Long Island College Hospital Nov. 29th, 1880, for treatment. He had fallen from the seat of his truck some eleven feet upon the pavement. He was intoxicated at the time. The force of the fall was received upon his face, producing a comminuted fracture of the nasal bones, and also fracturing the nasal processes of the superior maxillae. There was also a lacerated wound of the right inner canthus, and a contused and lacerated wound of the forehead. The usual complication of serous infiltration of the tissues was present in a marked degree, but not enough to completely mask the deformity, flattening of the bridge being quite apparent. A probe introduced into the superior meatus demonstrated that the

space was encroached upon by the broken fragments. Marked crepitus with free lateral motion of the nasal processes was present. The depressed bridge was elevated in the usual manner, care being taken to restore the full calibre of the superior meatus by lateral, as well as forward pressure of the probe. The restoration was easily effected, the contour of the bridge being readily traced with the finger. As no especial line of fracture could be determined, owing to the extensive comminution and swelling, the needle was passed as nearly as possible through the base of the nasal processes between the comminuted fragments, not meeting with any resistance. A ribbon of thin rubber was passed over the nose, made moderately tense, and the ends fastened to the point and head of the needle by puncture. Over all a cloth wet with evaporating lotion was applied. An anaesthetic was not necessary during the passing of the needle, the patient being in a state of partial alcoholic coma. The needle was withdrawn about the tenth day following the operation. Considerable suppuration resulted from the wounds on the forehead and inner canthus. With this exception, the case progressed favorably, and a few days subsequently he left the hospital.

As the tissues were somewhat congested, the outline of the nose could not then be accurately determined. The patient returned for inspection December 28th. The nose was quite straight, the swelling had entirely subsided, and the nasal respiration was perfect. He was well pleased with the result, and stated that he had always had a marked deviation of the nasal cartilage to the right. His nasal respiration had also been somewhat impaired; but since the operation the nasal septum was much straighter and his respiration improved, the air now passing readily through the formerly partially obstructed nasal passage.

#### CASE III.

The following case was reported by Dr. C. B. NANOREDE, Surgeon to the Protestant Episcopal Hospital, Philadelphia:

"———, German, æt. 45, was brought to the hospital in the early part of September, 1880, suffering from an extensive compound comminuted



fracture of the nasal bones, and the nasal processes of the superior maxilla, involving also the nasal spine and eminence of os frontis, and possibly a displacement of the vertical plate of the ethmoid. The injury resulted from the kick of a horse. The bones were extensively comminuted. Not having a proper pin at hand, I passed a long insect pin between the hindmost fragments and what remained of the nasal processes of the superior maxilla. A strip of ordinary adhesive plaster, having a slit for the head of the pin, was then passed over the bridge of the nose, and the pin's point forced through the other end. A wet dressing was applied, and rest in bed enforced. At the end of the fifth or sixth day the pin was removed. Before the removal of the pin the nose was occasionally moulded by my fingers or those of my assistant. When the patient was discharged his nose had certainly as good an appearance as if no injury had been sustained. I have since been informed that considerable necrosis ensued. This, of course, would have resulted under any plan of treatment, being due to the extensive comminution of the bones, which were fairly 'powdered.' I can bear testimony to the excellence of the method, being much less painful and annoying in the end than those usually employed.

"I am convinced that by no other method could the natural contour of the injured feature have been restored and maintained."

#### CASE IV.

Dr. FIFIELD, of Boston, reported the following case at a meeting of the *Boston Society for Medical Improvement*, held March 28, 1881:

"A boy, *æt.* 9, had been amusing himself in company with other boys by running to and fro over the roofs of some freight cars standing in a station, jumping from one car to another. In the dusk of the approaching night he missed his leap and fell, striking the right side of the nose near the inner angle of the eye, breaking the bone into minute fragments. One of the fragments, apparently a portion of the right nasal bone, was picked out by the physician who first saw him, as it seemed entirely separated from any connection with remaining parts. From this compound comminuted fracture a gaping wound extended outward along the lower border of the orbit whose bony rim seemed also to have sustained some fracture. Another gaping wound passed downwards in line of the nasal fracture to the cheek.

"A female silver catheter passed up the right nostril showed its rounded end at the neighborhood of the internal angle of the eye, quite free from covering of bone or other tissue. It raised in its passage the mass of bone fragments, which immediately dropped back into the nostril when the catheter was removed. The problem seemed to be not only how to elevate the comminuted bones, but to make them remain so.

"A long hare-lip pin, with a glass head, was taken, passed beneath the lowest adherent fragment into the nostril, then the head being slowly depressed the point was guided forward and upward, passing over the point where the right nasal bone was missing, and made to emerge well beneath the left eyebrow. It was a test of the goodness of Weiss's steel, for the pin bent like a bow. A bit of rubber was now slipped over the head and point of the pin.

"The remaining wounds were sewed up in the ordinary way. The pin was left in place for six days, and then withdrawn; and, although the wound healed by granulation, the deformity is said to be remarkably slight. The open hole is firmly closed, no air passing; the bones remain in good line."



